

Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

CERTIFICATION OF ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SCHOOL AND RETURNED TO THE PHARMACY
EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(1) Definition

(1) "Academic internship" means a practical experience program consisting of the practice of pharmacy sponsored by a professional bachelor's of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

Wis. Admin. Code § Phar 17.03 Academic internship. A person participating in an academic internship is not required to register as an intern with the board. There is no restriction in the number or hours earned in an academic internship.

This form may be copied and additional copies submitted if necessary

APPLICANT - PLEASE COMPLETE THIS SECTION:

_____	Social Security Number*
Name (First, Middle, Maiden, Last)	_____/_____/_____
_____	Date of Graduation
Address (Street, City, State, Zip)	_____/_____/_____

ACADEMIC INTERNSHIP CERTIFICATION

I hereby certify that the applicant has successfully completed _____(hours) in a practical experience program consisting of the practice of pharmacy sponsored by this institution.

Signature of Dean or Academic Records Office Head

Date

Name of Institution

Street Address

SCHOOL SEAL

City, State, Zip Code

***For use in the school locating your records**

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Ch. 450, Stats.